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## BIB DATA SHEET

CONFIRMATION NO. 4991

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/587,156	05/16/2007	435	1641	H0498.70219US02	
<b>RULE</b>					
<b>APPLICANTS</b> Vincent Linder, Renens, SWITZERLAND; Samuel K. Sia, New York, NY; George M. Whitesides, Newton, MA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US05/03514 01/26/2005 which claims benefit of 60/539,358 01/26/2004 and claims benefit of 60/539,416 01/26/2004 and claims benefit of 60/565,866 04/26/2004 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b> 11/06/2007					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/NELSON C YANG/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> SWITZERLAND	<b>SHEETS DRAWINGS</b> 12	<b>TOTAL CLAIMS</b> 90	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> Harvard University & Medical School c/o Wolf, Greenfield & Sacks, P.C. 600 Atlantic Avenue Boston, MA 02210-2206 UNITED STATES					
<b>TITLE</b> Fluid Delivery System And Method					
<b>FILING FEE RECEIVED</b> 2665	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	